



TRANSMITTAL LETTER
(General - Patent Pending)

Docket No.
BFE-5356 (113957-260)

Re Application Of: Alberto Siccardi

Serial No.
10/087,563

Filing Date
February 28, 2002

Examiner
Christopher R. Harmon

Group Art Unit
3721

Title: SYSTEM TO FORM, FILL AND SEAL FLEXIBLE BAGS

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is:

Amendment Transmittal Letter (duplicate); Response to Office Action (12 pgs.); return receipt postcard.

in the above identified application.

No additional fee is required.
 A check in the amount of _____ is attached.
 The Director is hereby authorized to charge and credit Deposit Account No. 02-1818
as described below.
 Charge the amount of _____
 Credit any overpayment.
 Charge any additional fee required.



Signature

Dated: March 15, 2004

RECEIVED
MAR 22 2004

Michael S. Leonard (Reg. No. 37,557)
Bell, Boyd & Lloyd LLC
P.O. Box 1135
Chicago, Illinois 60690-1135
Tel: 312/807-4270
Fax: 312/827-8185

I certify that this document and fee is being deposited on March 15, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Signature of Person Mailing Correspondence

Renee Street
Typed or Printed Name of Person Mailing Correspondence

cc:

AMENDMENT TRANSMITTAL LETTER (Large Entity)

Applicant(s): Alberto Siccardi

Docket No.

BFE-5356 (113957-260)

Serial No.
10/087,563

Filing Date

Examiner
Christopher R. Harmon

**Group Art Unit
3721**

~~Invention~~ SYSTEM TO FORM, FILL AND SEAL FLEXIBLE BAGS

MAR 18 2004

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	23 -	35 =	0	x \$18.00	\$0.00
INDEP. CLAIMS	2 -	5 =	0	x \$86.00	\$0.00
Multiple Dependent Claims (check if applicable)	<input type="checkbox"/>				\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- No additional fee is required for amendment.
- Please charge Deposit Account No. _____ in the amount of _____.
- A check in the amount of _____ to cover the filing fee is enclosed.
- The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1818
 - Any additional filing fees required under 37 C.F.R. 1.16.
 - Any patent application processing fees under 37 CFR 1.17.



Signature

Dated: March 15, 2004

Michael S. Leonard (Reg. No. 37,557)
Bell, Boyd & Lloyd LLC
P.O. Box 1135
Chicago, Illinois 60690-1135
Tel: 312/807-4270
Fax: 312 827-8185

I certify that this document and fee is being deposited on
March 15, 2004 with the U.S. Postal Service as first
class mail under 37C.F.R. 1.8 and is addressed to the
for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.



Signature of Person Mailing Correspondence

Renee Street

Typed or Printed Name of Person Mailing Correspondence

CC:

ARGE/REV/06